

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.	5	↓	5	↓	5	↓
TOTAL DEP.	12	↓	12	↓	12	↓
TOTAL CLAIMS	17		17		17	

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	↓	0	↓	0	↓
TOTAL CLAIMS	0		0		0	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS